



NATIVE WOMEN'S JOURNEY TO WELLNESS  
HILTON GARDEN INN, MISSOULA, MT  
MAY 2, 2008

CONFERENCE SCHOLARSHIP APPLICATION

Native American Women's Journey to Wellness Scholarships include payment for mileage (50 cents per mile) round trip. Mileage checks will be available for pick up at conference end *for women who have pre-registered and attended the conference*. Applicants will be notified of scholarship status within one week of receiving completed scholarship application. *Scholarship funds are limited and will be awarded to grassroots Native American Women on a first come basis. Awards do not depend on income but are intended for community members who do not have opportunities to attend health conferences through their employment.*

Scholarship Criteria

1. Scholarships are for *mileage only* and are *intended for Native American Women at the community level who would otherwise be unable to attend conference*.
2. Recipients must live outside a 35 mile radius of conference location (Missoula, MT in 2008).
3. Only one family member per household may receive the scholarship.
4. Recipients are responsible for conference registration fee (\$35) and food and lodging expenses. Recipients will be provided with lunch and snacks at of the conference.
5. **Application deadline is April 3, 2008.**

Recipient's Responsibilities

1. Recipient must submit completed scholarship application to CRL Consulting by April 3, 2008.
2. Recipient must complete a conference registration form and pay registration fee by April 3, 2008.
3. Recipients is responsible for making all travel and lodging arrangements.
4. Recipient agrees to pay all other costs for attending conference (food/lodging/registration).
5. Recipient agrees to complete a mileage reimbursement form at the conference site.
6. Recipient agrees to notify CRL Consulting in writing at least *10 business days prior to conference* if they intend to decline the scholarship. Notification of decline may be sent to CRL at the address listed below or emailed to [lita@crlhealth.com](mailto:lita@crlhealth.com) no later than April 18, 2007
7. Recipient agrees to make a reasonable effort to *carpool* with other participants from the same area.

**Note:** Scholarships not awarded prior to the conference may be awarded through a random drawing of eligible conference participants. Scholarships are not transferable.

Name: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell or Message Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Tax ID (or Social Security) Number: \_\_\_\_\_

*Please include a brief description of how you intend to use the information gained at the conference.  
You may attach an additional sheet or use the back of this form.*

**MAIL COMPLETED APPLICATIONS TO:** [CRL Consulting/PO Box 30012/Billings, MT59107](mailto:CRL Consulting/PO Box 30012/Billings, MT59107)  
*For more Information Contact Lita Pepion at (406) 208-5779 or email [Lita@CRLHealth.com](mailto:Lita@CRLHealth.com)*

I have read the information above and agree that I meet all scholarship requirements and will adhere to the Recipient Responsibilities as outlined above:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_